



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

TABLE OF CONTENTS AAA TUESDAY MAILING June 24, 2003

SUBJECT	VDA ID NUMBER
<u>Demonstration to Improve the Direct Service Community Workforce</u> (Ellen Nau)	03-194
<u>Public Comment Period – Draft Final Olmstead Task Force Report</u> (Janet Riddick)	03-195
<u>National Family Caregiver Support Program</u> (Ellen Nau)	03-196
<u>The MetLife Study of Sons at Work: Balancing Employment and Eldercare</u> (Ellen Nau)	03-197
<u>Cost Sharing/Fee for Service Policy</u> (Tim Catherman)	03-198
<u>Commonwealth Council on Aging Meeting Minutes</u> (Marsha Mucha)	03-199

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Human Services Program Coordinator

DATE: June 24, 2003

SUBJECT: Demonstration to Improve the Direct Service Community Workforce

Health and Human Services Tommy G. Thompson has called for proposals for programs to recruit and train direct service workers. These workers would provide personal assistance to Medicaid eligible individuals. The Centers for Medicare and Medicaid Services (CMS) will provide nearly \$6 million dollars from the 2003 fiscal year federal budget to those programs selected as demonstration participants. The program is part of President Bush's New Freedom Initiative. Information on an applicants' teleconference and the application process are available on the New Freedom Initiative Web site: www.cms.hhs.gov/newfreedom/default.asp.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: E. Janet Riddick

DATE: June 24, 2003

SUBJECT: Public Comment Period – Draft Final Olmstead Task Force Report

On June 09, 2003 The Olmstead Task Force adopted a draft final report for public comment. The public comment period is **June 20 – July 18, 2003**. The draft report may be viewed at the task force web site (www.olmsteadva.com).

The report is just under 100 pages; and the appendices are in excess of five hundred pages. If a hard copy or alternative formats are needed, please forward the request to the Task Force at 804-786-9248 or fsadler@dmhmrsas.state.va.us

COMMONWEALTH of VIRGINIA
Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Human Services Program Coordinator

DATE: June 24, 2003

SUBJECT: National Family Caregivers Support Program

What good things is your agency doing in Title III E? Virginia has many good and unique programs supported with NFCSP monies. Ms. Carmen Sanchez of the Administration on Aging will be at VDA July 15 – 17, 2003. She has requested information on our Area Agency on Aging National Family Caregiver Support Programs. Please supply me with summaries of your programs, materials associated with your programs and any comments from caregivers you have served, no later than Tuesday, July 7, 2003. I will assemble the materials to present to Ms. Sanchez. Materials can be mailed to me at:

Ms. Ellen Nau, Human Services Program Coordinator
Virginia Department for the Aging
1600 Forest Avenue
Richmond, VA 23229
Or faxed to 804-662-9354 or emailed to Enau@vdh.state.va.us

I can't wait to share your programs with Ms. Sanchez! Thank you!

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau

DATE: June 24, 2003

SUBJECT: The MetLife Study of Sons at Work: Balancing Employment and Eldercare

Now available on the National Alliance for Caregiving web site:

<http://www.caregiving.org/SonsAtWork.pdf>. The study was conducted by the National Alliance for Caregiving and Towson University's Center for Productive Aging for the MetLife Mature Market Institute. The MetLife Mature Market Institute is the company's focal point and resource center for issues concerning aging. The National Alliance for Caregiving is a non-profit coalition of 38 national organizations that focus on issues of family caregiving. The Center for Productive Aging at Towson University has undergraduate and graduate programs in gerontology. Attached is a press release on the study from Les Plooster, Program Associate, National Alliance for Caregiving.

**AS GROWING NUMBERS OF MEN CARE FOR ELDERLY PARENTS, THEY FACE
INCREASING CHALLENGES AT WORK, REPORTS METLIFE STUDY**
MEN AS LIKELY AS WOMEN TO BE PRIMARY CAREGIVERS,
LESS LIKELY TO PROVIDE PERSONAL CARE

More men in the workforce are caring for their elderly parents and are facing increasing challenges at work, according to a new study conducted for the MetLife Mature Market Institute by the National Alliance for Caregiving and Towson University's Center for Productive Aging. Men are as likely as women to be primary givers, but provide less personal care than women. The study also found that more men than women are long distance caregivers, meaning they live at least one hour away from the care recipient.

"The MetLife Study of Sons at Work: Balancing Employment and Eldercare," found that male caregivers don't feel comfortable discussing their responsibilities and, therefore, don't seek and receive support from their colleagues and supervisors. Men are more likely to report that neither their superiors nor their co-workers know they are caregivers, although the men surveyed say there is no stigma attached to caregiving.

"The data suggests that employers need to challenge assumptions about eldercare as a 'women's issue' to assist the growing number of both men and women providing care," said gerontologist Sandra Timmermann, Ed.D., Director of the MetLife Mature Market Institute.

"Employers should inform their employees about eldercare issues on a continuing basis. They should provide training and education to managers to help them better understand caregiving issues and to inform them about company benefits related to eldercare, particularly those that would help coordinate care like geriatric care managers. A major consideration for employers is to accommodate those with eldercare responsibilities with items like flexible hours, telecommuting, help finding services and assistance with legal, financial and insurance matters." "

"It's clear from this information that helping care for one's parents is no longer limited to daughters as it once was," said Gail Hunt, Executive Director of the National Alliance for Caregiving. "The gender shift suggests that there are more caregivers overall and more caregivers in the workplace, meaning workplace accommodations should be made."

The majority of both men and women (54% of the men and 56% of the women) report the need to

modify their work schedules and miss some work as a result of caregiving. While men and women are equally likely to turn down travel and promotions because they may interfere with caregiving, men generally do not refuse overtime and are less likely to quit their jobs than women. Both men and women who care for aging parents say they would like to find a job better suited to their caregiving responsibilities.

"The fact that men are more reticent than women to talk about caregiving at work," Donna Wagner, Ph.D., Director of the Center for Productive Aging at Towson University, "means that employers will need to take steps to ensure that their workplace programs are appropriate for men as well as women and are meeting the needs of all of their caregiving employees."

Men reported fewer health effects attributed to caregiving than women, perhaps because women are performing more personal tasks like bathing, dressing, feeding and toileting. Men also manage finances more than women and report performing tasks like shopping, housework, meal preparation and medication management.

A quarter of the men and 28% of the women surveyed reported that they share a residence with the person for whom they provide help. Almost equal numbers of men and women provide financial support for their parents, an average of \$273 per month or \$3,300 per year.

The MetLife study was conducted via the Internet. Invitations to complete a confidential survey with questions regarding caregiving were sent to 25,000 employees at three Fortune 500 corporations. 1,386 respondents visited the Towson University Web site to complete the survey, a 5% response rate.

Specific findings include the following:

- Men are, indeed, providing care and are as likely as women to be the primary caregiver.
- Women perform more personal tasks than men, including bathing, dressing, feeding and toileting.
- Men and women provide a similar amount of assistance with everyday activities like: transportation, grocery shopping, housework, meal preparation, arranging and managing needed services, managing medications.
- Men are more likely to perform money management tasks.
- Men were less likely than women to discuss caregiving with co-workers and supervisors.
- Men and women were just as likely to report considering a job change because of caregiving.
- Nearly two-thirds of men and women reported that caregiving had at least some negative effect on their career.
- Men were just as likely as women to report that caregiving resulted in negative consequences for family relationships (men: 45%, women: 47%), friendships (men: 33%, women: 34%), and personal activities (men: 63%, women: 65%).
- Only about one third of respondents knew about their company's eldercare programs.

The MetLife Mature Market Institute is the company's focal point and resource center for issues concerning aging, retirement, long-term care and the mature market. The Institute, staffed by gerontologists, provides training and education, consultation and information to support MetLife, its corporate customers and business partners.

The National Alliance for Caregiving is a non-profit coalition of 38 national organizations that focus on issues of family caregiving.

The Center for Productive Aging at Towson University near Baltimore, Maryland, includes undergraduate and graduate programs in gerontology and conducts applied research on aging in the community and the workplace.

MetLife, a subsidiary of MetLife, Inc. (NYSE: MET), is a leading provider of insurance and other financial services to individual and institutional customers. The MetLife companies serve approximately 12 million individuals in the U.S. and companies and institutions with 37 million employees and members. MetLife also has international insurance operations in 12 countries. For more information about MetLife, please visit the company's Web site at www.metlife.com.

To read "The MetLife Study of Sons at Work: Balancing Employment and Eldercare," please visit the MetLife Mature Market Institute Web site, www.maturemarketinstitute.com.

Les Plooster
Program Associate
National Alliance for Caregiving
4720 Montgomery Lane, Suite 642
Bethesda, MD 20814
301.718.8444
301.652.7711 (fax)
www.caregiving.org

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

June 24, 2003

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

RE: Cost Sharing / Fee For Service Policy

During the Area Plan Training the Department's Cost Sharing / Fee For Service Policy was distributed. The Department continues to receive input until August 1, 2003. Based on the comments received to date, attached is a draft-revised policy. Additions have been highlighted in yellow and deletions appear as strikethroughs.

If you have any questions, please call me at (804) 662-9309.

– DRAFT 6/24/03 –
VIRGINIA DEPARTMENT FOR THE AGING
COST SHARING / FEE FOR SERVICE POLICY

Submit Comments by 8/1/03 to Tim Catherman to be effective 10/1/03

Overview

The 1995 session of the Virginia General Assembly created the legislative intent that any new General Fund revenues be used to implement sliding fees for services. In 2000 the Older Americans Act reauthorization permitted states to implement cost sharing. These methods are referred to as both cost sharing and fee for service.

Cost sharing / fee for service is permitted for all services funded by Federal Older Americans Act funds except information and referral\assistance, outreach, benefits counseling, care coordination, ombudsman, elder abuse prevention, legal assistance or other consumer protection services and congregate and home delivered meals.¹

The Area Agency on Aging (AAA) must:

- (A) protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual;
- (B) establish appropriate procedures to safeguard and account for cost share payments;
- (C) use each collected cost share payment to expand the service for which such payment was given;
- (D) not consider assets, savings, or other property owned by an older individual to determine cost share;
- (E) not deny any service for which funds are received under the Older Americans Act for an older individual due to the income of such individual or such individual's failure to make a cost sharing payment;
- (F) determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification;
- (G) widely distribute State created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the State's sliding fee scale, and the mandate described under subparagraph (E);²
- (H) conduct public hearings on the Area Plan, that shall solicit the views of older individuals, providers, and other stakeholders on implementation of cost sharing in the service area;³

¹ Older Americans Act of 1965, as amended, Section 315(a)(2)

² Older Americans Act of 1965, as amended, Section 315(a)(5)

³ Older Americans Act of 1965, as amended, Section 315(c)(1)

- (I) develop a plan to ensure that the participation of low-income older individuals (with particular attention to low-income minority individuals) receiving services will not decrease with the implementation of the cost sharing;⁴
- (J) use fees as they are collected. If fees are earned near the end of the fiscal year and the agency is unable to spend this income by then, it shall at least be spent before the expenditure of any Federal or General Funds in the beginning of the next fiscal year;⁵ and
- (K) adopt written policies and procedures, approved by the governing board, for cost sharing / fee for service.

Waiver

An AAA may request a waiver (Waiver D in the Area Plan) to the State's cost sharing / fee for service policies on Older Americans Act funds. The State shall approve such a waiver if the AAA can adequately demonstrate that--

- (A) a significant proportion of persons receiving services under this Act, subject to cost sharing in the planning and service area, have incomes below the threshold established in State policy; or
- (B) cost sharing would be an unreasonable administrative or financial burden upon the area agency on aging.⁶

It is the intent of the Virginia General Assembly that new General Funds continue to awarded for fiscal year 1996 and later be spent in a cost sharing / fee for service program. Therefore the Department for the Aging (Department) can not waive the requirement for cost sharing / fee for service of these General Funds.

Cost sharing / fee for service conditions or fee scales prohibited not allowed by the Older Americans Act

AAAs may implement additional conditions or restrictions fee scales on General Funds that are prohibited by the Older Americans Act provided the General Funds are not used as match for Federal Older Americans Act dollars. To use AAAs that impose additional conditions or an alternative sliding fee scale, must complete Waiver C in the Area Plan must be completed and approved for approval by the Department. If an AAA wishes to have implement additional cost sharing / fee for service conditions the AAA they must be listed these conditions them in the AAA's policies and procedures on cost sharing / fee for service.

Additional AAA conditions may include:

- (1) a minimum payment
- (2) a flat fee
- (3) means testing
- (4) denial of services based on income

⁴ Older Americans Act of 1965, as amended, Section 315(c)(2)

⁵ 22VAC5-20-390, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

⁶ Older Americans Act of 1965, as amended, Section 315(a)(6)

- (5) denial of services for non-payment
- (6) others

Charge or Fee

The AAA shall develop and distribute a schedule of fees for services. Programs should establish a reasonable maximum fee based on the cost of the service delivered. The schedule shall clearly show the amount to be charged.

Charges shall be reasonably based on the cost of the service, recognizing that programs may need to estimate the costs of service delivery or round off fees to simplify their pricing strategy. Charges should be established to fully cover the cost of the service being provided. All costs, including administration and overhead, must be distributed fairly and equitably among programs. In-kind should be considered as a part of the cost of the service.

Sliding Fee Scale / Schedule

The “VDA Sliding Fee Scale”, revised annually, is the scale to be used as the basis for assessing fees. This scale is based on the most recent published Federal Poverty Guidelines. The Northern Virginia AAAs in Planning and Service Area 8 are to follow the “Northern Virginia VDA Sliding Fee Scale”.⁷ An AAA may request an alternative to the “VDA Sliding Fee Scale” for Older Americans Act funding by completing Waiver C in the Area Plan.

The client’s family income is based on the “Number in Family” and the “Annual Gross Income.” The definition of family is the same as the one in the *User’s Manual: Virginia Uniform Assessment Instrument (UAI)*, as revised. For example, an elderly person(s) are considered a separate family unit even when they live in the home of their adult children or a relative.

A signed agreement, readily understood by the client, shall be required unless payment is collected at the time of service delivery. A service may be delivered on an infrequent or short-term basis such as transportation, which may be paid at the time of service delivery, so a written agreement is unnecessary. A copy of the fee schedule shall be attached to the written agreement whenever a client is to receive a bill or prepay for services in order to avoid misunderstandings.

Income

The AAA may adjust total income to take into account the expense of:

- (1) medical/dental services, including durable medical equipment and/or consumable medical supplies, which are prescribed by the patient’s physician and received by the patient but which are not covered by Medicaid, Medicare or other insurance,

⁷ The VDA Sliding Fee Scale is based on the income levels for charges promulgated in the Virginia Department of Health’s Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals, 12VAC5-200-110.

- (2) modifications to the home for medical reasons,
- (3) medical insurance premiums, and
- (4) the cost of home/community based services identified as a need according to the UAI and not available without cost to the client.

Additionally, AAAs may exclude excessive health care costs that are out-of-pocket expenses to the client for the following home and community based services. These costs shall be used to adjust gross income when the service is essential to keeping the client in the home:

- (1) adult day care,
- (2) companion/chore/homemaker services,
- (3) emergency alert systems,
- (4) home delivered meals,
- (5) personal care services,
- (6) respite services,
- (7) transportation to medical appointments and/or adult day care, and
- (8) non-medical home repairs essential for the health and safety of the client.

Adjustments to or exclusions from income are permitted provided they are clearly identified in the AAA's policies and procedures for cost sharing / fee for service.

Recertification

At least once a year or when the AAA becomes aware of a change in a client's income; the AAA shall review the client's income.

Client Statements

When a service is provided on an infrequent or short-term basis, such as transportation, which may be paid at the time of service delivery, a statement is unnecessary. Otherwise, clients should be given a statement of the fees for which they are responsible along with instructions on how to pay their share of the cost. The written statement shall contain at a minimum, balance forward, amount paid, value of service provided since last bill (if any), and balance due.

Collection

A reasonable effort shall be made to collect fees from clients or others who may choose to pay on the client's behalf. A reasonable effort shall include billing the client for fees on a regular basis, indicating their outstanding balance.

If a client does not pay their fees, the AAA **may not** discontinue Older Americans Act services. However, the AAA shall ensure that each service provider will provide an opportunity to voluntarily contribute to the cost of the service.⁸

⁸ Older Americans Act of 1965, as amended, Section 315(b)(4)(A)

COMMONWEALTH of VIRGINIA
Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Marsha Mucha
Administrative Staff Assistant

DATE: June 24, 2003

SUBJECT: Commonwealth Council on Aging Meeting Minutes

Attached for your information are the minutes from the March 6, 2003 Commonwealth Council on Aging meeting.

If you have any questions or would like additional information, please let me know.

Commonwealth Council on Aging MEETING MINUTES

March 6, 2003

Virginia Department for the Aging Conference Room

Members Present: Betty M. Bowden
Mary Lee Cantor
David Cash
B. N. Chambers, M.D.
Catherine Galvin
Jack Hilton
Judith Koziol
Adolphus Nelum
Judi G. Reid
Xavier Richardson
Shirley C. Rogers
Elvira B. Shaw
Raymond Spalek
Barbara Taylor
Erica F. Wood
Ella Brown Wright

Ex-Officio Present: Jean Sheil, *Department of Social Services*

Members Absent: J. W. Burton
Suzanne Obenshain

Ex-Officio Absent: Diana Thorpe, *Department of Medical Assistance Services*

Guests: Ian Kremer, *Chairman, Alzheimer's Disease and Related Disorders Commission*
Carter Harrison, *Alzheimer's Association*
Dr. Ruth Nelson, *State President, AARP*
John Skirven, *President, Virginia Association of Area Agencies on Aging*
Bill Massey, *Executive Director, Peninsula Agency on Aging*
Terri Lynch, *Director, Arlington Agency on Aging*
Kathy Fletcher, *University of Virginia*
Cary Speidell, *SeniorNavigator*

Staff: Jay W. DeBoer, J.D., *Commissioner*
Tim Catherman, *Deputy Commissioner, Support Services*
Bill Peterson, *Deputy Commissioner, Programs*
E. Janet Riddick, *Director, Center for Elder Rights*
Robin Brannon, *Communications Director*
Marsha Mucha, *Administrative Staff Assistant*

Meeting Called to Order

In the absence of both the chairman and vice-chairman, Mrs. Catherine Galvin called the meeting to order at 10:00 a.m. Mrs. Galvin asked Council members, staff and guests to introduce themselves.

The minutes of the January 15, 2003 meeting were reviewed and approved as submitted.

Commissioner's Report

Commissioner DeBoer thanked Council members for their attendance. He noted that he continues to receive positive comments regarding the Council's contacts with members of the General Assembly during its recent session. Commissioner DeBoer reported that the Virginia Department for the Aging (VDA) was spared additional budget cuts during the legislative session and he highlighted the following actions from the session:

- A transfer of \$5,000 in funding to VDA for staff and support of the Alzheimer's Disease and Related Disorders Commission from the Department of Mental Health, Mental Retardation and Substance Abuse Services.
- Restoration of \$105,000 in funding to the Public Guardian and Conservator Program.
- A transfer provision was made to permit area agencies on aging (AAAs) to move general fund monies from one category to another to provide AAAs with maximum flexibility to address their local needs.
- Require the Department of Health to lead a multi-agency effort to develop a comprehensive suicide prevention plan for the Commonwealth. VDA participated in the original comprehensive suicide study that was conducted in the early 1990s and will be part of this new effort.
- Eliminate funding for a portion of research and public service centers at state colleges and universities. The Virginia Commonwealth University (VCU) Center on Aging will receive a \$75,000 reduction in funding in fiscal year 2004. After further discussion, the Council voted to send a letter of support on behalf of the Center on Aging for funding restoration.
- Permit slots under the Department of Medical Assistance Services (DMAS) Independence Plus Home and Community Based Services Waiver to remain with the program when a recipient of the waiver leaves the program.
- Modify the DMAS delivery system of pharmaceutical products to include a Preferred Drug List program, which will be a major cost saving measure for the Commonwealth. Commissioner DeBoer noted that, if Council members wished to comment on this program, he would pass on those comments. After further discussion, the Council decided to have a speaker on this subject at its next meeting. Dr. Chambers will monitor the activities of this developing program on behalf of the Council.
- Increase the DMAS rate for adult day health care services. In Northern Virginia the rate increase will be from \$45 to \$47.25 per day and the rest of the state will increase from \$41 to \$43.05 per day.
- Increase the DMAS rate for personal care services by 1%.
- Increase the DMAS auxiliary grant for Northern Virginia from \$967 to \$980 per month and for the rest of the state from \$841 to \$854 per month.
- Appropriate \$100,000 for the Department of Social Services (DSS) Caregiver Grant Program. Ms. Sheil will provide Council members with an update once the decision has been made on distribution of the funds.

Commissioner DeBoer also reported that the Commonwealth this year had examined what appeared to be a prescription drug program but was actually a promotion of pharmaceutical companies' discount programs. He noted that a listing of the pharmaceutical discount programs operated by the pharmaceutical manufacturers is maintained on the VDA website and that other state agencies are linking to the VDA website so they can also access this information. He noted

that at the federal level, pharmaceutical companies are being charged for promotion of their programs by the Center for Medicare and Medicaid Services (CMS).

Alzheimer's Disease and Related Disorders Commission Update

Mr. Ian Kremer, Chairman of the Alzheimer's Disease and Related Disorders Commission, updated Council members on the Commission's recent activities.

During Mr. Kremer's presentation, he reported that public awareness of Alzheimer's Disease has increased in the last 8 or 9 years. He noted that the growth in the number of people with Alzheimer's Disease is rising rapidly from between 4 and 4.5 million Americans today to an estimated 16 to 18 million within two generations. Mr. Kremer added that, in the Commonwealth today, we have approximately 107,000 individuals with Alzheimer's, Disease in two generations we will likely have in excess of 350,000 Virginians with Alzheimer's.

Mr. Kremer reported that the Alzheimer's Disease and Related Disorders Commission has drafted a design to develop a Comprehensive Alzheimer's Disease Center in the Commonwealth. He explained that the vision for the Alzheimer's Disease Center would be a research center without walls that would draw resources from all sectors, both public and private, to devote funding and scientific resources toward the goal of eliminating Alzheimer's Disease.

Mr. Kremer noted that, in working on the proposed Alzheimer's Center, the Alzheimer's Commission has broken into workgroups that are reaching out to others with expertise in their area of responsibility. Mrs. Galvin noted that, if Council members want to participate on any of the Alzheimer's workgroups, they must be willing to commit their own personal networks to advancing the cause of the Alzheimer's Commission. Mr. Kremer suggested that Council members could contact him directly if they wished to serve on a workgroup, or they could provide him with the name and contact information of anyone they thought would be interested in serving on a workgroup.

Public Guardian and Conservator Advisory Board Update

Mrs. Erica Wood expressed her appreciation on behalf of the Public Guardian and Conservator Advisory Board for the support received from the Council, Commissioner DeBoer, and other aging and disability advocates for restoration of the \$105,000 General Fund appropriation to the Guardianship Program. She noted that there are nine guardianship programs around the state but that significant areas of the state do not have public guardianship services. Mrs. Wood remarked that, even in areas with existing Guardianship Programs, the funding is small and the need is still great.

Mrs. Wood noted that the restoration of the Guardianship Program funding was also important because Council members and members of the Guardianship Board had significant contacts with members of the House Appropriations Committee and the Senate Finance Committee, particularly the Human Resources Subcommittees. Commissioner DeBoer will send letters of appreciation to the chairmen of the subcommittees on behalf of the Council.

Mrs. Wood reported that the second phase of the evaluation of the Guardianship Program by Dr. Pamela Teaster is underway.

Mrs. Wood further reported that the Virginia Board for People with Disabilities recently disseminated a Request for Proposal (RFP) for a one-time, one-program award for public guardianship services for people with developmental disabilities.

Mrs. Wood thanked Janet Riddick for her ongoing coordination efforts on behalf of the Guardianship Program.

Mrs. Wood reported that the Guardianship Board was focusing very intensively on drafting regulations. She announced that the 10 Guardianship Programs have been invited to meet with the Guardianship Board to discuss all aspects of the draft regulations so the Board can begin the promulgation process.

Mrs. Wood announced that the Virginia Guardianship Association would be holding its annual conference in Williamsburg on March 24 and 25.

Mrs. Wood reported that, at the federal level, guardianship recently received some much needed publicity and visibility from the Senate Committee on Aging, which held a hearing on guardianship. Senator Craig, who chairs that committee, announced that he was requesting a study by the General Accounting Office on guardianship practices.

Legislative Committee Report

There was no report from the Legislative Committee.

Public Relations Committee Report

Mrs. Barbara Taylor, Chairman of the Public Relations Committee, reported on the committee's recent activities and she thanked Robin Brannon for her work on the Council's Annual Report.

Mrs. Taylor reported that the Public Relations Committee is developing educational materials to be distributed to members of the General Assembly during the time when they are not in session. More details will be forthcoming at the June Council meeting.

Miss Brannon reported that VDA had received funding from Novartis for a second printing (20,000 copies) of the Medication Safety Brochure.

Miss Brannon also reported that VDA staff has been working with the Virginia Assistive Technology (VAT) System to produce a series of "Tips for Independent Living" brochures, which are being adapted from material developed by the University of Iowa. Five thousand dollars from the second-year Alzheimer's Disease and Related Disorders Commission supplemental funding is being used to pay for the brochures. The five brochures will be distributed through the AAAs, AARP, and VATS sites around the state. The brochures are at the printer and should be distributed to the AAAs by the end of March.

In conclusion, Miss Brannon reported that she is also developing a low literacy brochure that explains the Virginia Energy Choice Program.

Planning and Development Committee Report

Mr. Jack Hilton, Chairman of the Planning and Development Committee, reported that at the January 15, 2003, Council meeting, and a copy of the Council's Strategic Plan for Aging in Virginia was distributed. He explained that the Plan contains seven major goals with supporting strategies.

Mr. Hilton went on to explain that he had asked each one of the Planning and Development Committee members to chair one of the subcommittees, and he urged the subcommittees to set meetings to begin addressing the strategies involved in accomplishing some of the Plan's goals. He reminded Council members, especially the chairmen of the subcommittees, to coordinate their activities with VDA and the AAAs.

Periodic updates will take place and Mr. Hilton thanked Council members for taking part in this important effort.

Discussion of Council's Strategic Plan

Mrs. Galvin explained that the original mission of the Planning and Development Committee was to develop a 10-year vision to improve aging services in Virginia. She noted that the Council's broad role is to examine, comment on, and affect change positively for older people within the Commonwealth.

Mr. John Skirven, President of the Virginia Association of Area Agencies on Aging and Executive Director of Senior Services of Southeastern Virginia, was invited to join in the discussion of the Council's Strategic Plan. Mr. Skirven explained that the Executive Committee of the Area Agencies on Aging is comprised of 6 members, which includes the immediate past president and a representative from each of 5 cluster groups of AAAs around the state. He explained that the AAAs are organizationally varied, ranging from governmental bodies and joint exercises of power to non-profit entities.

Mr. Skirven commented that the Council's Strategic Plan was ambitious and he commended the Council for it. He noted two different major thrusts in the Strategic Plan. The first concerns operational issues; such as transportation, affordable housing, community-based services and health care systems. He remarked that the last three bullets, "Opportunities to Contribute", "Planning for Successful Aging", and "Visibility of Aging Issues", speaks to a higher level of activity that involves the Commonwealth Council on Aging and the tremendous body of talent, influence, and statewide representation the Council brings to bear on decision making in the Commonwealth.

He further commented that from his review of the Strategic Plan he noted three roles for the AAAs, "Information Distribution", "Research", and "Development of Best Practices". Mr. Skirven noted that the Executive Committee would be pleased to promote to the AAAs their participation on these working subcommittees. He explained that the Council needs to be aware of how their initiatives might interface with ongoing and new initiatives the AAAs are supporting. He explained that most AAAs now have their own strategic or business plans. Mr. Skirven also encouraged the Council to pursue private sector participation and to utilize their counterparts in other states. Dr. Peterson noted that there is an effort underway between some

states to share information between Councils about their successes and how others can replicate these successes.

The floor was opened for discussion. Mr. Hilton commented that the Planning and Development Committee was very conscious of the fact that AAAs have full plates, but that the Council would appreciate their input, especially their ideas and concepts. Mrs. Galvin suggested that the subcommittee chairman contact Mr. Skirven for referral of individuals from AAAs who may have particular interest or expertise to contribute to one of the subcommittees.

Mrs. Wood also suggested seeking members for the subcommittees who have been working in the particular fields. She also suggested that perhaps VDA could make some recommendations on committee members. Ms. Sheil suggested that there are many resources in other state departments that can be utilized as well. Ms. Riddick remarked that, particularly on the issues of transportation and housing, there are major efforts already ongoing in the Commonwealth that involve a number of agencies and people from the private sector, specifically the Transportation Council and the Housing Commission. She suggested someone from those subcommittees might want to sit in on meetings of those bodies.

Ms. Cary Spiedell, representing SeniorNavigator, suggested that there might be ways in which SeniorNavigator could be of assistance to the Council in raising public awareness of the Council and its mission. Mrs. Taylor and the Public Relations Committee will work with Senior Navigator on how best to utilize the resources SeniorNavigator has to offer.

Mrs. Reid asked if there might be other relevant information available from the listening sessions. Dr. Peterson will provide Council members with the information gathered from those sessions.

Subcommittee chairmen will convene their subcommittees before the next Council meeting and will provide feedback to Mr. Hilton by early May. Mr. Hilton will prepare a presentation for the June meeting. Mr. Catherman reminded Council members to let VDA know when committees will be meeting for compliance with the Freedom of Information Act (FOIA).

Public Comment Period

Ms. Kathy Fletcher from the University of Virginia commended the Council on the development of its Strategic Plan. She explained that she has been a geriatric nurse-practitioner for more than 20 years and these are the issues that providers face every day. Ms. Fletcher noted that she is chairman of the Virginia Nurses Association Gerontological Practice Council and has just recently been appointed to the Governor's Advisory Council on the Future of Nursing in Virginia.

She further noted that she was pleased to see that one of the Strategic Plan's objectives and strategies is to encourage more physicians and practitioners, especially nurse-practitioners to provide more geriatric services. Ms. Fletcher encouraged Council members to include providers of geriatric care as partners and collaborators in implementation of meeting the strategies and goals of the Council's Strategic Plan. Ms. Fletcher asked Council members to make their strategies as tangible and pragmatic as possible.

Other Business

Mr. Nelum reported that Virginia recently lost a senior advocate, Annabel Seidman. Mr. Nelum will send the family's address to Dr. Peterson so a condolence card can be sent to the family on behalf of the Council.

Mr. Kremer will provide a draft copy of the report to Secretary Woods on the proposed Alzheimer's Center to Council members in advance of the Council's next meeting for their consideration of an endorsement of the proposal.

Meeting Schedule

The meeting schedule for the remainder of the calendar year is as follows:

- June 5, 2003
- September 4, 2003
- December 4, 2003

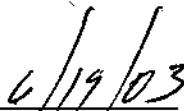
All meetings will be held at the Virginia Department for the Aging beginning at 10:00 a.m. The Public Relations Committee will meet at 9:00 a.m. before each of these Council meetings.

Adjournment

There being no further business the meeting was adjourned at 1:30 p.m.



J. W. Burton, Chairman
Commonwealth Council on Aging



Date